

# How Low Should Blood Pressure Be?

What the newest findings will mean for treatment of hypertension in older adults

November 13, 2015 By [Kate Ferguson](#)

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Recently, when researchers at the National Institutes of Health (NIH) announced they were stopping the Systolic Blood Pressure Intervention Trial, or SPRINT study, on managing high blood pressure, the news made headlines. Scientists said the preliminary findings clearly showed that aggressive intervention to lower blood pressure levels in older adults significantly reduced cardiovascular complications and death.

“This study provides potentially life-saving information that will be useful to health care providers as they consider the best treatment options for some of their patients, particularly those over the age of 50,” says Gary H. Gibbons, MD, director of the NIH’s National Heart, Lung and Blood Institute.

Currently, about 70 million American adults have high blood pressure, a.k.a. hypertension. Normally, blood pressure (BP) rises and falls throughout the day, but if your BP stays elevated for a long time, this can lead to heart disease, stroke and kidney failure. Hypertension is sneaky because the illness doesn’t have any warning signs or symptoms. This is why health experts advise people to have their BP checked regularly.

This month, the study’s findings were published in the *New England Journal of Medicine*. Predictably, many health experts expressed different opinions about how beneficial the findings were to folks age 50 and older with hypertension.

Some doctors expressed concerns about serious adverse events from the intensive treatment detailed in the findings. Some of the negative health issues suffered by folks participating in the study included abnormally low blood pressure, temporary loss of consciousness (a.k.a. syncope), electrolyte abnormalities and acute kidney injury or kidney failure. Other docs worried about side effects and drug interactions from the multiple medications used in this treatment to lower blood pressure.

James Powell, MD, the division chief of general internal medicine at East Carolina University’s Brody School of Medicine, says he wants to review all the study’s data to check additional factors. Powell doesn’t believe the findings should be interpreted as a one-size-fits-all treatment approach. “One of the things I think we’re going to see in this is that people who have a lot of chronic illness,

as you try to drop their blood pressure lower and lower they may not feel very good," he says.

Powell is one of the researchers from nearly 100 medical centers and clinical practices in the United States and Puerto Rico who recruited participants for the SPRINT study. He considers this study's findings as a starting point to creating guidelines that work well for individual patients. "We want people to have fewer heart attacks and strokes, but we'd like for them to feel good too. And so we're going to have to find that balance with some people about where their blood pressure is and how they're feeling."

Until the American Heart Association (AHA) and the American College of Cardiology draft new hypertension treatment guidelines in 2016 that take into consideration findings from the SPRINT study, the AHA recommends doctors initiate treatment with lifestyle changes and then medication if necessary, with BP targets of 140/90 for patients younger than age 80 and 150/90 for patients 80 and older.

Doctors at the AHA also suggest people with high blood pressure modify their lifestyle by eating a healthier diet, lowering their salt intake, engaging in regular physical activity, maintaining a healthy weight, managing stress, not smoking and limiting their alcohol intake. In addition, doctors say those with hypertension should take their prescription meds as directed, and be cautious about using hot tubs and saunas, as these could adversely affect BP levels.

"SPRINT redefines blood-pressure target goals and challenges us to improve blood-pressure management," commented Vlado Perkovic, PhD, executive director of the George Institute for Global Health at the University of Sydney in Australia, and Anthony Rodgers, MB, PhD, a professor of global health at the institute. The two wrote an editorial about the findings that was published in the New England Journal of Medicine.

Conclude the two, "Success will require a marathon effort."